

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

STATE FILE NO. **24061**

FILED JUL 19 1957 Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **92**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dunklin</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Dunklin</b> c. CITY OR TOWN <b>Kennett Mo.</b> <span style="float:right">Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/></span> d. STREET ADDRESS <b>105 East 6th St.</b> (If outside, give location) <span style="float:right">Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></span>					
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Elizabeth</b> Middle <b>Grooms</b> Last <b>Grooms</b>				<b>4. DATE OF DEATH</b> Month <b>July</b> Day <b>9</b> Year <b>1957</b>					
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>Feb. 4- 1905</b>		<b>9. AGE</b> (In years last birthday) <b>52</b> IF UNDER 1 YEAR: Months <b>5</b> Days <b>5</b> Hours <b>5</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House wife</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>XX</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Henderson Kentucky</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>William Jones</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Molissia Campbell</b>					
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <b>XX</b> (If yes, give year or dates of service)				<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT</b> <b>Tom Grooms</b> Address <b>Kennett Mo.</b>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause prevailing for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Breast</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs +</b>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.) <b>170X</b>					
<b>20c. TIME OF INJURY</b> Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____				<b>20d. INJURY OCCURRED</b> WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK					
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)				<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY _____ STATE _____					
<b>21. I attended the deceased from</b> <b>March 19 57</b> to <b>July 9 1957</b> and last saw her alive on <b>July 9 1957</b> Death occurred at <b>2:45 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
<b>22a. SIGNATURE</b> <i>George E. Grooms</i> (Degree or title) <b>M.D.</b>				<b>22b. ADDRESS</b> <b>Kennett Mo.</b>				<b>22c. DATE SIGNED</b> <b>7-12-57</b>	
<b>23. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>7-11-57</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Ridge Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kennett Mo.</b>			
<b>24. FUNERAL DIRECTOR</b> <b>Lentz Service</b> ADDRESS <b>Kennett Mo.</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>7-12-1957</b>				<b>26. REGISTRAR'S SIGNATURE</b> <i>Earl J. Hunt</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-15-57

COUNTY FILE NUMBER 757-18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edgar Lee Ford*

Licensed Embalmer No. 44

P. O. Address Kennett M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

(to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.